

London Care Partnership Limited

London Care Partnership Limited - 78 Park Road

Inspection report

78 Park Road
Hampton
Middlesex
TW12 1HR

Tel: 02082555166
Website: www.lcpcare.com

Date of inspection visit:
10 December 2018
11 December 2018

Date of publication:
05 February 2019

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

78 Park Road provides personal care and accommodation for up to seven people in a domestic care home setting. The home was presented as an ordinary detached house over two floors with access to the first floor via stairs. People had single rooms. Communal space consisted of separate lounge areas and dining room. There was a private garden at the rear of the property. The home provides care for up to seven adults including people with learning disabilities or autistic spectrum disorder. The home is in Hampton, in the London borough of Richmond-upon-Thames.

78 Park Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were seven people living in the home.

At our last inspection in February 2016 we rated the service outstanding. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People continued to receive a service that was safe. All aspects of people's safety were very well managed, including the security of the home, individual risk assessments and medicines management. In addition, robust staff recruitment systems continued to be followed which ensured that people were supported by suitable staff.

The service was well maintained and clean and correct procedures were taken with regard to the storage and handling of hazardous substances. Staff adhered to good infection control practices.

The service continued to provide care that was extremely person-centred and staff were proactive in ensuring people were supported to live fulfilled and meaningful lives. "Person-centred" means that care was tailored to meet the needs and aspirations of each person, as an individual. The vision of the service was

shared by the management team and staff and quality audits focused on how the home achieved good outcomes for people.

The provider continued to ensure staff were sufficiently supported to provide a range of excellent social opportunities for people, including work-related activities, community events and hobbies and involved families, relatives and the local community. As a result, people had genuine experience of autonomy and choice, as well as of feeling included in their wider community.

People continued to receive effective care, which was based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received support and training which enabled them to care and support people effectively. Additional support was provided by external professionals or consultants engaged by the provider.

Staff continued to ensure that people's emotional needs were supported at sensitive moments in their life and had worked closely with them, their relatives and health care professionals to achieve the most positive outcomes for the individual.

Staff displayed a strong team culture and supported each other whilst offering care and support to people that was compassionate and kind. Respect for people's privacy and dignity was evident throughout the inspection. The manager and staff continued to ensure that people's consent to care and treatment was always sought in line with legislation and guidance. Decisions made on behalf of people that did not have the capacity to consent were made in their best interests. Staff showed a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People continued to be supported to eat and drink enough and maintain a balanced diet, whilst staff respected individual choices based on preferences, culture and faith. Staff continued to support people to maintain good health, have access to healthcare services and receive ongoing healthcare support, which was provided by both community and specialist services, where required.

Quality assurance systems continued to be robust and used regularly by the management team to continuously improve the service. The registered manager had a thorough system in place to ensure audits and quality assurance checks were carried out and included seeking the views and experiences of people, staff and relatives. Continuous improvement was driven by engagement with people using the service and staff.

The registered manager demonstrated an excellent understanding of the needs of people as individuals and a commitment to supporting staff through training and supervision and involving families in putting the vision and values of the service into action. Senior managers had a strong presence in the home through regular visits and provided strong leadership.

There continued to be a strong emphasis on continually striving to improve. The service was able to sustain outstanding practice through regular internal quality assurance processes, providing an open and transparent culture, maintaining links with external organisations relevant to its work and developing its practice through recognised quality accreditation schemes such as accreditation and award with the National Autistic Society and Investors In People (IIP).

The provider also continued to be innovative in how they empowered people, for example through using people who use their services to contribute to the quality assurance checks of the home, in the recruitment process for staff and through using a whole team approach in supporting people with their planned care,

which meant that everyone was equally committed to helping people maintain their desired lifestyle.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained outstanding	Outstanding ☆
Is the service well-led? The service remained outstanding.	Outstanding ☆

London Care Partnership Limited - 78 Park Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited the home on 10 and 11 December 2018. The first day of inspection was unannounced and we told the registered manager that we would be returning a second day. The inspection was carried out by one inspector.

We spoke and spent time with the people using the service and observed the routine of the home and the interaction between people and staff. No one at the home used conventional conversation tools, but were able to answer short direct questions and communicate through gesture and demonstration.

We spoke with the registered manager, the operations director and three members of staff. We met with two relatives during the inspection and after the inspection we spoke with five relatives by telephone. We wrote to 14 external professionals who were involved with the home in the previous 12 months and received replies from six of those.

We looked at records about care, including three files of people using the service. We checked three staff

files and the records kept for staff training and supervision. We looked around the premises and at records for the management of the service including quality audits and medicines records.

Is the service safe?

Our findings

At our last inspection in February 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People's relatives told us they felt the home provided a safe environment and that their relatives enjoyed living in the home. One relative told us, "[My relative] loves it at Park Road and you can tell by talking to them and seeing their behaviour. I know they are safe there." Another relative said, "I have absolutely no problems at all about the safety of the home. The staff look after people very, very well."

We observed people's interaction with staff and saw that this was relaxed, with people actively engaging in a friendly manner with staff.

External professionals involved in supporting people in the home also expressed confidence in the way people were supported in a safe way. One told us, "I am confident that the person I am allocated to at this service is safe and there is a good understanding [by staff] of the risks that need to be taken into account." Another said, "The staff appear to understand the risks associated with the behavioural or sensory needs of residents and how to support them during difficult episodes."

The registered manager and staff continued to support people in a way that protected them from bullying, harassment, avoidable harm and abuse that may breach their human rights. Staff had received appropriate training in safeguarding people and were knowledgeable about how to report any concerns.

Staff had also received appropriate training in how to positively manage behaviours that challenge the service whilst protecting the rights of people living at the home. Staff used nationally recognised positive behavioural support techniques, accredited by the British Institute of Learning Disabilities (BILD), designed to negate or at least minimise, the need for restraint or restrictive practices towards people.

Risks to individuals and the service were managed so that people were protected whilst maintaining their autonomy and freedom. Risk assessments were thorough and focussed on people's needs. They were reviewed to ensure people could lead meaningful lives whilst keeping them as safe as possible.

The service ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs, with planned staff rotas and clear descriptions of staff duties each day. Staff recruitment was robust. It included reference checks, checks with the Disclosure and Barring Service (DBS) and formal interview. Staffing levels enabled people to receive sufficient support in a safe way whilst enabling them to maintain their personal choices of activity within the home.

We saw records and logs of interventions. These were accurately recorded in a person-centred way, and described the behaviour, the type of intervention that was used and the outcome, which were then used for discussion amongst staff and to develop learning. No one was subject to physical restraint or restraint through medication.

Incidents and accidents were recorded and investigated thoroughly so that triggers and trends could be identified. Staff completed frequency and severity charts to monitor incidents.

People's medicines were well managed so that they received them safely. Staff were trained in the handling, management and administration of medicines and staff who had not yet received this training did not carry out this task. There were clear policies and guidance available for staff in how to administer medicines or how to support people taking their medicines.

Each person's medicine record was personalised with individual instruction and guidance. Records of medicines were accurate and up to date and staff took pride in ensuring that this aspect of their work was carried out professionally.

Staff understood their roles and responsibilities in relation to infection control and hygiene. Staff had been trained effectively in all aspects of infection control, food hygiene and the management of hazardous substances. Protective clothing was available for staff and good hygiene practices were observed.

Is the service effective?

Our findings

At our last inspection in February 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

People continued to receive effective care, which was based on best practice from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Relatives spoke positively about the service. One relative told us, ""They couldn't do more for [my relative]. [My relative] has come on leaps and bounds and they really have helped him." Another said, "We are very, very happy with what they are doing at the home. Staff are brilliant. They really know people."

The service had a relevant and comprehensive training programme in place. In addition to standard training in the principles of care staff also received training in areas relevant to the needs of the people living in the home, such as epilepsy, person-centred support, mental capacity, equality, diversity and human rights.

More specialised training specific to meet the support needs of people using the service was also delivered to staff in areas including learning disabilities and mental health, autism, and strategies for managing behaviours that challenge the service.

People continued to receive and be involved in the development of specialist support plans, with the support of a consultant behaviour analyst and contained clear and person-centred descriptions of when and why possible interventions may be needed, how someone's behaviour may manifest itself, and the planned intervention to be used. This was carefully monitored and recorded and discussed as part of the overall care plan for the person.

Staff told us they received regular opportunities to discuss their work with their manager and to develop their career through further training, for example in counselling or therapeutic work. Alternatively, staff used these discussions and supervision sessions to look at the skills and experience required to become team leaders or managers.

On staff member told us, "I am very happy working here. We are a solid team and we learn through sharing ideas at team meetings, or attending training events with other staff or by asking some of the outside professionals that visit."

The premises were well maintained and suitable for the people who lived there. People had access to all parts of the home, with any restrictions being solely in line with people's personal support plan, for example in the monitoring of food and drink. Medicines and cleaning materials were securely stored to prevent accidents.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service continued to work within these principles.

Each person had their own key worker who supported them with all aspects of their day to day living and who ensured that support plans with associated risks were implemented and reviewed with support from the manager.

The service did not practice any restraint or form of physical restriction. Instead, diversion strategies and other forms of behaviour management approved by appropriate bodies such as the Autism Society were used only after a detailed support plan had been developed.

People continued to have enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them.

Menus were planned with the involvement of people, with people's preferences being incorporated into the overall menu for each week. People's special dietary needs and risk assessments were identified in their support plans. One relative told us, "[My relative] has free access to the kitchen and eats what they like and enjoys their food."

The service continued to have good working relationships with a range of professionals from the local community teams, including speech and language therapists (SALT), psychologists, behaviour analysts and the local GP surgery. One external professional told us, "I have found London Care Partnership to be an effective, resourceful provider particularly when it comes to supporting people with a learning disability. I am aware of a number of very positive examples in which challenging behaviour has decreased and quality of life has increased (unsurprisingly)."

Is the service caring?

Our findings

At our last inspection in February 2016 this key question was rated as 'Good'. At this inspection the rating remained 'Good'.

Staff and managers demonstrated strong, positive and caring relationships with people using the service. Relatives spoke positively about the service and the kind attitude of staff. One relative told us, "It is fantastic. It's a caring and safe environment and I'm pleased that [my relative] likes to live there." Another said, "I am very pleased with this home. I was a bit worried at the beginning but things have worked out really well."

During our inspection we saw that people interacted with staff in a very positive way and that staff used a variety of techniques to ensure that people felt secure and at ease, as well as making sure people knew what was happening at any time. Techniques included speaking with people and physically demonstrating things to them to support them understand.

People received care and support from staff who knew and understand their history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support demonstrated dignity and respect at all times. For example, one person was uncomfortable when strangers visited the service. Staff took the time to explain the situation with the inspector and carefully introduce the person. Other examples included supporting people in their personal care and diverting people from inappropriate behaviour, all of which were done in a sensitive and discreet manner which enhanced the dignity of the individual.

People's privacy and dignity was respected and promoted through the provision of personalised activity plans and flexible staffing in the home. For example, people's care plans outlined the level of support people needed with regard to personal care and the level of independence they could exercise when having a bath or preparing a meal. This enabled staff to appreciate and respect people's privacy when appropriate and safe to do so. Relatives and other visitors were welcome because of an open visiting policy and were able to speak with the person in private.

The service continued to ensure that care plans and care records accurately reflected the support needs that people had together with a personalised support plan. A communication profile for each person had been developed with the speech and language therapist and these described the most productive ways of successfully communicating with people. We saw that care records also recorded the input of multi-disciplinary teams where required, including positive behavioural support, physiotherapy and psychiatric support.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they need and the time to make decisions. The service used an approach called "Total Communication" which incorporated pictures, signs and gestures, understanding the body language of people and verbal communication. In addition, the staff maintained a keyworker system which matched a person with a named staff member. This enabled staff to provide people with an added sense of

care and security. The service encouraged the involvement of families as much as possible and staff ensured that the relatives received weekly updates.

The service also received positive comments from visiting professionals. One external professional told us, "In my opinion the house is well run with a great care, compassion, patience and professionalism from all staff and management." Another said, "it is caring and compassionate towards people – witnessed by me on each visit."

Is the service responsive?

Our findings

At our last inspection in February 2016 this key question was rated as "Outstanding". At this inspection the rating remained "Outstanding".

People continued to receive exceptionally personalised care that was innovative and responsive to their needs. All the relatives we spoke with spoke highly of the level of staff skills and understanding of people's needs.

One relative wrote to the service saying, "Thank you to everyone for creating an atmosphere where [my relative] can feel so safe, loved and respected."

Another relative told us, "[My relative] has really developed. It is fantastic and so much hard work has been done." Another said, "They are great. As well as the wonderful activities such as companion cycling, trampolining and rugby, they make sure there is a weekly sheet of his activities which is given to us, and this gives us something to talk about when we see each other."

Relatives also told us that staff had outstanding skills, and had an excellent understanding of people's lives and histories, their culture and behaviour which enabled them provide care and support in a way that placed the person at the heart of everything they did. One relative said, "We were worried because this would be a new home for [my relative] and we didn't know how they would fit in. But we were able to visit many times, to have a gentle introduction and to get used to the feel of the place. They made it very easy and now [my relative] has settled really well."

Another told us, "They really have helped [my relative] and worked so hard to help him through recent sleep problems. They looked at the problem from all angles, involved us and other professionals and we are slowly getting there."

External professionals were also very positive in their comments. One told us, "This service has been very responsive to [name of person] and has developed an appropriate person-centred plan, including a wide range of purposeful activities. This has included two voluntary work placements tailored to their complex needs." Another said, "The home is really responsive to people as individuals and provides person-centred care. There is excellent joined up care between residents, staff, parents and medical professionals. Staff put their residents first."

The home's approach to providing a responsive service was exceptionally good in that it looked to involve a wide range of appropriate people who could contribute to success, rather than adopting a purely internal and one-sided view of things. One example concerned someone who had been unable to cope with having any personal furniture or possessions in their room and was only able to use plastic dishware due to the risk of breaking them. The staff, by adopting a whole team approach to ensure consistency of approach, together with the involvement of the Positive Behaviour Support team, developed strategies to prevent specific behaviours, and to manage behaviours when they already occurred. In addition, the person's

medicine regime was reviewed with input from the psychiatry team and reduced the need to be over reliant on medication. This multi-disciplinary approach responded to the individual's specific needs in an holistic manner and had the outcome of promoting health and well-being through behaviour management. Some years on, the person is able to enjoy a fully furnished room, with their own possessions and able to participate more fully in ordinary community settings.

Another example included working together with the behaviour analyst and speech and language therapist in order to respond to someone's anxieties around changes to routines or methods of doing things. By developing environmental cues, together with Makaton and verbal language, this provided the individual with some predictability of what would be happening and how to prepare for and manage it.

Other examples involved the care staff "going the extra mile" with regard to their input and time. Examples included supporting someone who wished to go abroad but was afraid of flying and heights, where a detailed and gentle plan was developed which increased confidence and ability to travel. The service made arrangements to provide sufficient resources and time for staff to support the person with introductory visits to the airport, to learn about the environment of an airport and to experience a flight.

Although special activities and exciting opportunities were evident in the positive impact they had for individuals, the home's exceptional responsiveness to people's needs was most evident in the ordinary day to day life of the home and in the way that success was consistently maintained and had long-term benefit, rather than being merely an exciting opportunity for a short while. People had their routines and preferences maintained before everything else, which meant they were able to enjoy a stable home life.

Staff told us it was because they worked closely as a team. One person told us, "We work as a team, and each of us puts the residents first, so we all work together to find solutions." Another staff member told us, "Because we know what works for people here, and we all know what matters to people, we all chip in. If one of us can't do something for any reason, another member of staff will take over."

We saw that staff had been able to support people in their chosen field of work or activity consistently since the previous inspection and that the service used quality auditing tools to help analyse how people spent their time in an average week. They were therefore able to review the care and support provided to the person by checking whether they were receiving genuine opportunities to fulfil their preferences as outlined in their care plans and how much of someone's week was taken up with meaningful activity for them as opposed to general care. This ensured that people received personalised support.

The service had structured activity plans tailored to what each person enjoyed. Since the previous inspection people had continued to enjoy an excellent and varied range of opportunities, including swimming, bowling, massage, sport events, shopping, trips to central London, college classes, horse-riding, trampolining, cycling and holidays. Staff exercised great flexibility in their work schedules to ensure people were supported to enjoy their preferred lifestyle. We saw that each person's care records were reviewed regularly and were maintained to an excellent standard.

All support plans (including a specialist behaviour support plan) were on-going, reviewed either six-monthly or when required. These were shared with other agencies when necessary. Support plans included any considerations about a person's culture, faith and other characteristics protected by the Equality Act and took these into account. Relatives were involved in discussions where required.

The service routinely listened and learned from people's experiences, concerns and complaints. There was a clear complaints policy available to staff and relatives. Everyone we spoke with told us that they had always

been able to speak to the manager or a senior manager whenever they needed to. Everyone we spoke with told us that they could not recall any serious issue that had required them to make a formal complaint.

Technology was used in the home for the benefit of staff and people. This included the use of electronic training systems for the staff, and internet access for people living in the home, which they were actively encouraged to use.

The registered manager demonstrated a good awareness of the Accessible Information Standard and we saw that each person had information available to them in formats they could most easily understand, including pictorial and easy-read documents. This approach was used throughout the service and included everything from medicines records to care and support plans.

People were actively encouraged to give their views and raise concerns or complaints through various approaches by staff. This included monitoring responses and reaction to questions and proposed activities, assessing the behaviour and body language of people and using the keyworker system to ensure a consistent approach to introducing people to new ideas. The Total Communication approach, with pictures, gestures and sign language, were also used to gather people's opinions and concerns. This creative and person-centred approach enabled people to understand and express feelings and helped the staff team learn how to respond in a way that reassured the person.

Is the service well-led?

Our findings

At our last inspection in February 2016 this key question was rated as "Outstanding". At this inspection the rating remained "Outstanding".

The service was exceptional in how it promoted a positive culture that was person-centred, open, inclusive and empowering. Everyone we spoke with, staff and relatives, told us that they felt the service was "fantastic", "really happy", "couldn't do more", and "a fantastic place to work", "I love working here" and "we are all here for the residents."

External professionals also commented that they felt the management and leadership of the home was "well led, where there are good policies, an open culture and is supportive towards staff, people and other professionals", "policies and support plans appear comprehensive and appropriate" and "[The registered manager] is a very good manager and communicator and I get the impression that this flows throughout the home."

We saw that there was a professional and friendly openness shown by all staff which enabled people to feel comfortable with their individuality. Some people were interested in engaging in specific activities with staff, such as walking or shopping, whilst other people were interested in simply being in the company of particular staff. The atmosphere in the home was exceptionally friendly and calm, with staff positively encouraging people to engage in life in the home. Staff prioritised people's care and interaction over administrative or household tasks which continued to put the person at the heart of everything they did.

Staff confirmed that they were satisfied with the opportunities they had for discussing any issues to do with the home or the people or staff and management issues. Opportunities arose through team meetings, daily handovers, supervision and training sessions. One staff member told us, "You're always encouraged here. If you think you have a good idea, or you are looking to become, say, a team leader, people will encourage you and then it's up to you to show what you've got."

The service had an excellent record in continually striving to improve. There was a culture of recognising talent by internal promotion and encouraging further professional learning. The service sustained outstanding practice and improvements over time through establishing strong links with external bodies through research and accreditation. For example, care practice was compatible with the British Institute of Learning Disabilities (BILD) and the service had achieved accreditation with the National Autistic Society (NAS) as a quality provider. It had recently received a silver award with Investors in People (IIP) which is a benchmark for managing people.

The culture of the home encouraged managers, team leaders and care staff to work together but with clear and distinct roles and responsibilities. Senior managers and the clinical compliance manager visited both informally and to carry out quality audits and ensured that leaders were visible and accessible both to staff and people. The small size of the home meant that feedback from relatives could be provided on an immediate basis rather than through questionnaires or surveys. There was a quarterly newsletter which

updated people on developments for the home and the wider organisation, success stories, staff matters and upcoming events.

The provider continued to provide excellent leadership through the consistent application of The Quality Action Group. This group, made up of representatives from each home in the company, the operations manager and clinical lead, was developed with the purpose of ensuring that the learning gained from the NAS Autism Accreditation was consistently applied throughout all the homes and that it focussed on core and specialist standards.

Another excellent practice which the provider consistently maintained was the inclusion of a person who used services to be part of the quality assurance checks of the home. This person had the role of commenting on the atmosphere, cleanliness of the home and speaking with people to see if they felt happy living in the home. People who used the service also formed part of the recruitment process for new staff, where they had an opportunity to speak to applicants. Where people found communication or conversation difficult, people who lived in other homes were invited to take this role.

The service delivered high quality care. The provider had successfully managed to ensure that there was a clear connection between policy and practice. This was achieved by ensuring official policies and procedures, staff support and training, care planning and practice were underpinned by a philosophy of care based on positive, person-centred support for people.

The service worked well in partnership with other organisations to make sure they were following current practice and providing a high-quality service. This did not apply only to national organisations, but also with local services such as pharmacy, social services and community health services. The feedback we received from those services confirmed this.

Records showed that the home's responsibilities covered by policies and procedures were translated into holistic care packages for people, with the aim of improving people's quality of life, including areas such as mental capacity, safeguarding, medicines, physiotherapy, speech and language therapy, health and nutrition and psychiatric support. Records and care plans were up to date.

There were information boards, resources and best practice information that staff were encouraged to read.

The home had a registered manager and had met all their legal requirements in respect of their registration. Data and information were stored securely and confidentially.